

Idaho National Guard

STRONG BOND EVENT

Family Summer Camp

		Please re	ead and sign below	v!	
		<u>Impor</u>	tant Information		
Pre-deployment	Deployed	Post-	deployment		
Deployment Status (check one):			Give date of your deployment:		
Other Family Members	Attending: Name:		Age:		
Child 3 Name:	Age:		Child 4 Name:		Age:
Child 1 Name:	Age:		Child 2 Name:		Age:
Email:					
	Work Priorie.		Cell Friorie.	гах.	
Home Phone:	Work Phone:		Cell Phone:	Fax:	
Home Address:		City:	State:	Zip Code:	
	NO)	Delote	ii so when.		
Have vou ever attended	La Strong hands avant	ooforo	if so when:	red lech	ADOS
Unit:		Rank:	Military Status:	AGR FED TECH	MDAY ADOS
willtary Werriber 5 First 6	and Last Name.		Spouse i list ivai	ne.	
Military Member's First	and Last Name:	Spouse First Name:			

- reservation. Without the check you application will be put on a waiting list.
- Meals and lodging will be provided at no charge to the soldier (at the government's expense).

If you have any questions, please call Chaplain Rob Morris at (208) 272-6468

- Prior to the retreat date, Chapel personnel will contact you to confirm your plan to attend and provide you with an agenda.
- By signing this registration form, you acknowledge that contractual obligations will be made to cover costs for lodging and meals. 72-hour notification is required to cancel, so that spaces may be offered to others on the waiting list. If you fail to cancel before the deadline your \$35 deposit check will cashed.

-	in you have any questions, please our chaptain rest morne at (200) 212 0 100
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	(Signature and date)